



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF  
**EDUCATION**

**APPLICATION FOR SUBSIDIZED CHILD CARE SERVICES**

*Names, Addresses, and income information of both parents must be reported.*

*Please complete all blanks, including information of absent parent, and attached required documents (PLEASE PRINT)*

Parent(s) and/or guardian information												
1. Name of applicant: Mincey, Wiley B						DOB: 10/12/2015			SSN: 504-82-7380			
Race (optional) <input checked="" type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander												
Ethnicity (optional) <input type="checkbox"/> Not Hispanic/Latino <input checked="" type="checkbox"/> Hispanic/Latino												
Address: 10161 Hartford Road, New Smyrna, Colorado 78015										Ward: 3		
Home telephone: 146-645-8469						Work/school telephone: 820-647-9978						
2. Language preference: What is the Primary Language you speak? Please select one												
<input type="checkbox"/> English <input type="checkbox"/> Mandarin Chinese <input type="checkbox"/> Cantonese Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Amharic <input checked="" type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Other												
3. Marital status: mincey Marital status												
4. Military service: <input checked="" type="checkbox"/> Active Duty U.S. Military <input type="checkbox"/> National Guard or Military Reserve <input type="checkbox"/> None												
5. Describe your current housing status: <input checked="" type="checkbox"/> I live in an adequate and permanent house <input type="checkbox"/> I live in a homeless shelter <input type="checkbox"/> I live in a hotel or motel because I have no alternative accommodation <input type="checkbox"/> I share housing with others because I have no alternative accommodation <input type="checkbox"/> I do not have any housing												
6. Name of spouse/other parent: Daniel, Felicitas G						DOB: 8/16/2016			SSN: 612-56-5207			
Race (optional) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander												
Ethnicity (optional) <input checked="" type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino												
Address: 11120 Virginia Street, Pine River, Hawaii 23865										Ward: 7		
Home telephone: 468-737-5210						Work/school telephone: 610-896-6783						
Child information (list all children in the family)												
Complete this section for each child in the family. Use the code below to complete the Citizenship, Race, Ethnicity and Language columns. Enter each code that applies, using at least one code for each child. Enter "Yes" or No" in the Special Needs column to indicate if the child has a special need. Citizenship/Immigration Code: 1= United States Citizenship, 2= Permanent Resident, 3= Granted conditional entry, 5=Parolee 1 year or more, 6= Deportation withheld, 7= Refugee, 8= Battered spouse, child, or parent of child(ren) Ethnicity Codes: 1 =Yes/Hispanic or Latino, 2= No/Hispanic/ Latino Race Code: 1= American Indian/ Alaskan Native, 2= Asian, 3= Black/ African American, 4= White, 5= Native Hawaiian/Pacific Islander Language: 1= English, 2= Mandarin Chinese , 3=Cantonese Chinese , 4=Vietnamese, 5= Amharic , 6= French , 7= Spanish , 8=Other												
Last	Name First	DOB	SSN (optional)	Sex	Special Needs	Citizenship/Immigration Status	Ethnicity	Race	Language	Child's Father or Mother (If this person different from # 6) Name / DOB/ SSN (optional)		
Gaskill	Somer	3/5/2013	559450312	Male	Yes	1	1	4	2	Donetta Vaughn	04/02/1972	267231760
Haley	Anja	2/2/2013	366946282	Female	No	5	1	5	1	Serafina Tighe	11/29/1981	363789344
Delgadillo	Willis	5/10/2013	445568246	Female	No	2	1	4	7	Kasey Krueger	8/10/1984	323352844
Reed	Devin	3/6/2015	496433066	Male	No	3	1	3	3	Sherill Stowers	8/4/1982	133496630
Birmingham	Carlos	9/27/2014	976254492	Female	No	5	2	5	6	Arlie Dorsett	6/16/1985	471913751
Truman	Mitch	6/12/2017	908900765	Female	Yes	5	1	2	6	Shantay Orta	4/12/1990	521318346
Fasano	Ora	2/14/2017	226735650	Female	No	1	1	2	4	Jewel Petersen	7/18/1983	333435337
Maul	Adolph	11/8/2015	776053720	Female	No	6	2	3	2	Dirk Vickery	7/14/1984	281172319

Parent(s) and/or guardian activity information			
Your activity		Spouse/other parent activity	
1. Name of school or employer: Integra Government Services International Llc		1. Name of school or employer: Washington Cable Systems Inc	
Address: 10439 West Greenleaf Drive, Mount Hersey, Arkansas 18461		Address: 4221 University Drive, La Porte, Texas 55950	
Days and hours of your activity: mincey Days and hours		Days and hours of your activity: mincey Days and hours	
Start and end dates of your activity: 1/12/2017 4/19/2018		Start and end dates of your activity: 4/3/2017 9/21/2018	
2. Name of school or employer: World Perspectives Inc		2. Name of school or employer: Katz International Management Solutions, Llc	
Address: 10030 North Kolb Road, Boaz, Wisconsin 88300		Address: 44391 Apache Circle, Glenss, Virginia 22469	
Days and hours of your activity: mincey Days and hours		Days and hours of your activity: mincey Days and hours	
Start and end dates of your activity: 3/9/2013 4/21/2018		Start and end dates of your activity: 1/29/2016 1/11/2020	
Reason for child care			
<input type="checkbox"/> Working <input checked="" type="checkbox"/> Training <input type="checkbox"/> Child with a special need   Other: mincey Other			
Household income information			
Type of income	Gross amount per pay period	How often: (check one)	
Mother's/guardian's income	247.13	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input checked="" type="checkbox"/> bi-monthly <input type="checkbox"/> monthly	
Father's/guardian's income	413.92	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input checked="" type="checkbox"/> monthly	
Child support	152.06	<input checked="" type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly	
SSI benefits	443.88	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input checked="" type="checkbox"/> monthly	
Unemployment benefits	340.25	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input checked="" type="checkbox"/> monthly	
Other: mincey Type of income	147.38	<input checked="" type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly	
TANF		<input checked="" type="checkbox"/> Yes \$ 446	<input type="checkbox"/> No
Food Stamp		<input checked="" type="checkbox"/> Yes \$ 406	<input type="checkbox"/> No
Social Security		<input type="checkbox"/> Yes \$	<input checked="" type="checkbox"/> No
<b>Attach proof of all income for: applicant, spouse, parents of minor parent, adult and spouse with physical custody of minor child.</b>			
Child support information			
1)Are you receiving child support for all children in your household who are eligible for child support?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2)Have you applied for child support for all children in your household eligible to receive child support?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

# Rights and responsibilities of applicant for subsidized child care services

## **Rights:**

I understand that if I am not satisfied with any decision by the Department regarding eligibility, my receipt or termination of services, I may request a Fair Hearing. If I am receiving services and request a Fair Hearing before the effective date of this action, my benefits will continue uninterrupted until a hearing decision is made. If I do not request a Fair Hearing before the effective date of this action, I may request a hearing within 90 days from the date of the notice of the action, but I will not continue to receive benefits while the hearing is pending. I must make my request by phone or in writing to:

The Office of Administrative Hearings,  
441 4th Street, N.W., Suite 450 North  
Washington, D.C. 20001  
Phone: (202) 442-9094/Fax: (202) 442-4789

or I can ask my caseworker to help me make the request. After requesting a Fair Hearing the Department will send me a written notice telling me the time and place of the Administrative Review. The Administrative Review is not the same as a Fair Hearing. This means I may meet with Department staff to try to resolve my issue. If I choose not to attend the review, or if my issue is not resolved at the review, this in no way impacts my Fair Hearing with the Office of Administrative Hearings. If the review resolves my issue, I alone may decide to withdraw my request for a Fair Hearing.

If I request a fair hearing, I understand that (1) I have the right to be represented by legal counsel or by a lay person who is not an employee of the District; (2) I may bring witnesses on my behalf; (3) reasonable expenses related to the hearing, such as transportation costs for me or my witnesses, will be paid by the Mayor; and (4) legal services are available to me.

I have been informed that I may choose one of the following types of child care: child care in a child development center, child care in a family child care home, child care in my home by an adult or relative I identify, or child care in the home of my relative. I am aware that to choose child care in my home with an adult other than a relative I must first attempt to locate child care at a minimum of 3 child care centers and/or family child care homes.

I understand that I will be notified in writing within a minimum of 15 days of the effective date of any adverse action by the Agency such as intention to discontinue, withhold, terminate, suspend, reduce assistance or make assistance subject to additional conditions. I understand that I may apply for a Fair Hearing as described above if I disagree with notice of any adverse action.

## **Responsibilities:**

I understand that I must fully and accurately report circumstances affecting my eligibility, relating to family relationships, employment or training status, income, place of residence, and telephone numbers, and must provide original documentation to substantiate the information. I must report any changes in these circumstances within 10 calendar days. I must cooperate with all agency efforts to verify the eligibility information.

I have been informed of the absence policy and that I must provide documentation of excused absences to the child care provider. If my child is absent 6 days or more in one month without an adequate excuse I am aware that he/she may be terminated from the provider site. I have also been informed that I must report within 3 days when my child no longer attends a facility.

I have been informed that I am required to have an eligibility review completed on 11/29/2018 and every three (3) months thereafter, to determine if I am eligible to continue receiving subsidized child care. I understand that a notice will be sent to the address I have provided informing me of the appointment date and time and if I do not appear for the appointment or reschedule the appointment my child care benefits will be terminated. As noted in paragraph one, I have the right to a fair hearing.

I understand that I am responsible for making all co-payments directly to the child care provider for the entire time the child is enrolled even on days the child is absent. Failure to be up to date with co-payment may result in termination of services.

## **Warning to applicants:**

Government officials will rely on the information you provide on this application to determine your eligibility for Subsidized Child Care Services. You are therefore informed that it is a criminal offense under District of Columbia law for you to knowingly make false or misleading statements on this application. Persons convicted of making false or misleading statements shall be fined up to \$1,000 or imprisoned for up to 180 days or both. By signing your name below you are certifying that you are aware of the penalties for making false or misleading statements on this application. Accordingly, if you are not sure of the accuracy of the information requested, it is your responsibility to bring the information to the attention of the appropriate government employee prior to signing the application. See D.C. Code § 22-2514

## **Information on Social Security Number:**

In accordance with ACYF-PI-CC-00-04. U.S. Department of Health and Human Services, Administration on Children, Youth and Families. Issuance Date: October 27, 2000, the social security number is not required for determining eligibility for subsidized child care. Eligibility will not be denied should an applicant not provide a Social Security Number. Social Security Numbers will be used solely for searching for records in a database and for identifying individuals with the same name. All applicant files are kept confidential.

**I have read and agree to the following:**

- I have read and understand my rights and responsibilities, and will provide the required documents. I certify that this is a true and accurate statement of the financial status and composition of my household.
- I authorized the Subsidized Child Care Program to obtain any verification necessary to both determine and review financial eligibility and child care needs. This authorization includes the release of information regarding my employment, salary, work schedule, and /or training/ school schedule and residence.
- I certify that the family assets do not exceed \$1,000,000.

**Applicant signature:**

Print name: Rolando Kunkel

Signature: rolando kunkel

Date: 2/13/2017

<b>Agency use only</b>		
Annual gross income: \$30,682		
Family size: 4	Dependent children: 4	
View DCAS/TANF verification: No (Yes/No)		
Total parent copayment \$ 50 (daily)	\$ 62 (weekly, if applicable)	
Child 1 Dannette Capobianco	Parent fee: \$ 58	Other fee: \$ 59
Child 2 Lashawn Hinojos	Parent fee: \$ 57	Other fee: \$ 56
Initial eligibility determination: <input type="checkbox"/> Eligible <input checked="" type="checkbox"/> Ineligible mincey Ineligible reason Specify reason if ineligible		
I hereby certify that the rights and responsibility have been discussed with the applicant and she/he has signed to verify her/his understanding:		
Eligibility worker print name: Karie Lafferty		
Signature: karie lafferty		
Date: 12/9/2016		